

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-670)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1	/					
2	/					
3	/					
4	/					
6	/					
6	/					
7	/					
8	/					
9	/					
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47						
48						
49						
60						
TOTAL NO.	5					
TOTAL DEP.	13					
18	18	18	18	18	18	18

NO.	DEP.	NO.	DEP.	NO.	DEP.
61					
62					
63					
64					
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94					
95					
96					
97					
98					
99					
100					
TOTAL NO.					
TOTAL DEP.					
122526	122526	122526	122526	122526	122526
122527	122527	122527	122527	122527	122527